	· PATENT	RD		10/8	49	52	7					
5-19-01 CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE		NTITY	OR	OTHER SMALL	THAN- ENTITY
T	OTAL CLAIMS	5 46					RAT	E	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			46 minus 20=		. 36		XS :	9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		0		X43	l=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PE			RESENT	RESENT				-			, non.	·
• 1	• If the difference in column 1 is less than zero, enter 10° in column 2								: }	LOB	TOTAL	
	7 DELEMINS AS ALLENDED - PART II									J	OTHER	THAN
:	1-1-0	(Column 1)		(Colun	n 2)	(Celuinn 3)	SMA	ĹĿŧ	ENTHY	08	SMALL	ENTITY
. 7	5-9	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	SER USLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL _FEE		RATE	ADDI- TIONAL FEE
:::		. 59	Muse	1.4	6	-13	XS \$;= }	ŧ	DR.	50 >\\$ \ €=	
::4		+ 6		6	3	3	X48	= į		ao	2 0 0 ∧∂≎=	
A	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM	الل	180			03	340 +200=	
	·								8930			
				•		(6) -1 6)	ADDIT, F	EÉ L	8120	,	NOOM FEE!	
	· · · · · · · · · · · · · · · · · · ·	(Columni 1)	T	(Colum		(Column.3)	r	\neg	ADDI-	[·	ADDI-
AMENDRIENT B		REMAINING AFTER +- AMENOMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA	ŘATI		TIONAL FEE		RATE	TIONAL FEE
	Total		Minus			=	X\$ 9	= }	-	OR	XS16=	
	Independent		Minus	***		=	X43=			OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEI	PENDENT	CLAIM		+145:			OR	+290=	
					•		101			OB L	TOTAL	
		· (Column 1)	٠	(Colum	(Column 2) (Column 3)			EE L		· · · ·	KODIT, FEE l 	i
<u>, , </u>		(Column 1) CLAIMS	<u>```</u>	HIGHE	ST.		Г	1	ADDI-	٢	• 6	ADDI-
AMENOMENT C	<u> </u>	REMAINING AFTER AMENOMENT		PREVIOL PAID F	JSLY	PRESENT EXTRA	RATE		rional FEE		RATE	TIONAL FEE
	Tetal	•	Minus	. ·		= .	X\$ 9=		. !	PO	X\$18=	•
AME	Indep indent	•	Minus	***		=	X43=			OR	×86= ·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
	f the entry in color	nn t is less than th	e entry in colu	mn 2, write "	0 in col	umn 3.	TOTA			Ĺ	TOTAL	-
- 1	the Highest Nur	ADDIT FE			OR-Y	DOIT, FEE L	<u></u> _[

Application or Docket Number

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